

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875				Application or Docket Number 10/648,047		Filing Date 08/26/2003		<input type="checkbox"/> To be Mailed		
APPLICATION AS FILED – PART I						OTHER THAN SMALL ENTITY				
(Column 1)			(Column 2)		SMALL ENTITY <input type="checkbox"/>		OR			
FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)		FEE (\$)		
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))		N/A		N/A		N/A		N/A		
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m))		N/A		N/A		N/A		N/A		
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		N/A		N/A		N/A		N/A		
TOTAL CLAIMS (37 CFR 1.16(i))		minus 20 = *				X \$ =		X \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 = *				X \$ =		X \$ =		
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		TOTAL		
APPLICATION AS AMENDED – PART II						OTHER THAN SMALL ENTITY				
(Column 1)			(Column 2)		(Column 3)		SMALL ENTITY		OR	
AMENDMENT	03/01/2010		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	
	Total (37 CFR 1.16(i))		* 16		Minus		** 35		= 0	
	Independent (37 CFR 1.16(h))		* 3		Minus		***3		= 0	
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))									
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
	(Column 1)						(Column 2)		(Column 3)	
	(Column 1)						(Column 2)		(Column 3)	
AMENDMENT			CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	
	Total (37 CFR 1.16(i))		*		Minus		**		=	
	Independent (37 CFR 1.16(h))		*		Minus		***		=	
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))									
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
	(Column 1)						(Column 2)		(Column 3)	
	(Column 1)						(Column 2)		(Column 3)	
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**		
***						***		***		
*						*		*		
**						**		**</		